



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:	
Regular	✓	4	04/18/2018	GRACE CARE CENTER EARLY CHILDHOOD DEVELOPMENT	
Follow-Up			Time In/Out:	OWNER/OPERATOR:	
Complaint			2:30PM 4:30PM	DE LEON GUERRERO, TED & TINA	
Investigation		RATING	Sanitary Permit No.:	LOCATION:	Establishment Type:
Other:		A	20000-10003052	MAITE	CCC/N
			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		
No. of Children: 14 Male 24 Female 38 Total			Child Care License No.: 170160 <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Provisional <input type="checkbox"/> Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED TODAY. PREVIOUS INSPECTION DATED ON 02/01/2018, RESULTED IN A RATING/GRADE OF 4/A. ^{v.e.} PREVIOUS VIOLATION # 17 WAS CORRECTED. PREVIOUS VIOLATION # 29 NOT CORRECTED. THE FOLLOWING WERE OBSERVED TODAY:		
18.	WINDOW SCREEN OF BOY'S RESTROOM WAS FOUND IN DISREPAIR. ^{AIRER} * CORRECTIVE ACTION: PERSON-IN-CHARGE, REPAIR ^{v.e.} WINDOW SCREEN. WINDOWS SHALL BE EFFECTIVELY SCREENED TO PREVENT HARBORAGE OF PESTS.	COS	
23.	TWO GARBAGE CONTAINERS IN PLAYGROUND AREA WERE FOUND WITHOUT TIGHT-FITTING LIDS. * CORRECTIVE ACTION: PERSON-IN-CHARGE, DISPOSED OF ^{THE} TWO GARBAGE CONTAINERS. ALL GARBAGE AND TRASH SHALL BE KEPT IN TIGHT, EASILY CLEANABLE RECEPTACLES WHICH ARE COVERED WITH TIGHT-FITTING LIDS WHILE PENDING REMOVAL AND SHALL BE REMOVED FROM THE PREMISES AS OFTEN AS NECESSARY TO PREVENT HEALTH HAZARDS AND HARBORAGE OF PESTS.	COS	

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title)
Jennifer Umagat *JU* Director
DEH Inspector (Name & Title)
V. RAYMUNDO, EPHOI *OR*



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE <u>4</u>	Inspection Date: <u>04/18/2018</u>		ESTABLISHMENT NAME: <u>GRACE CARE CENTER EARLY CHILDHOOD DEVELOPMENT</u>	
Regular	<input checked="" type="checkbox"/>		Time In/Out: <u>2:50PM</u> <u>4:50PM</u>		OWNER/OPERATOR: <u>DE LEON GUERRERO, TEO & TINA</u>	
Follow-Up	<input type="checkbox"/>		Sanitary Permit No.: <u>20000-170003052</u>		LOCATION: <u>MAITE</u>	
Complaint	<input type="checkbox"/>		RATING <u>A</u>		Establishment Type: <u>CCC/N</u>	
Investigation	<input type="checkbox"/>		PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired			
Other:	<input type="checkbox"/>					
No. of Children: <u>14</u> Male <u>24</u> Female <u>30</u> Total			Child Care License No.: <u>170160</u> <input checked="" type="checkbox"/> Valid <input type="checkbox"/> / / Provisional <input type="checkbox"/> / / Expired			

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
29.	ONE LIVE COCKROACH WAS FOUND OUTSIDE OF TOILET ROOM. ONE DEAD COCKROACH WAS FOUND UNDER STORAGE RACK IN KITCHEN AREA. *REPEAT VIOLATION BOTH INDOOR AND OUTDOOR AREAS SHALL BE ADEQUATELY PROTECTED AND MAINTAINED AGAINST PESTS TO PREVENT INFESTATION.	2	05/18/2018
31.	AN OPENING WAS FOUND ON SEALED OUTLET COVER IN PRE-SCHOOL ROOM ^A . A HOLE WAS FOUND ON CEILING TILE IN PRE-SCHOOL ROOM B. A GAP ON CEILING TILE FOUND IN CORNER OF KITCHEN AREA. GAPS ^{ON CEILING} AND A DISREPAIRED CEILING TILE FOUND OUTSIDE OF BOY'S RESTROOM. ALL AREAS, FACILITIES, AND EQUIPMENT SHALL BE MAINTAINED IN A CLEAN, NEAT, IN SANITARY CONDITION, AND IN A GOOD STATE OF REPAIR TO PREVENT HARBORAGE OF PESTS. FAILURE TO COMPLY WITH ANY NOTICE ISSUED IN ACCORDANCE WITH THE PROVISIONS OF ANY APPLICABLE LAWS, RULES, OR REGULATIONS MAY RESULT IN IMMEDIATE SUSPENSION OF THE PERMIT OR THE ESTABLISHMENT DOWNGRADED, PER 10 GCA CHAPTER 21 S. 21107(3).	2	

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

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(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title)

Jennifer Umagat *[Signature]* Director

DEH Inspector (Name & Title):

V. RAYMUNDO, EPHO I *[Signature]*



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE 4	Inspection Date: 04/18/2018		ESTABLISHMENT NAME: GRACE CARE CENTER EARLY CHILDHOOD DEVELOPMENT	
Regular	RATING A		Time In/Out: 2:50 PM 4:50 PM		OWNER/OPERATOR: DE LEO GUERRERO, TEO & TINA	
Follow-Up			Sanitary Permit No.: 20000-17000 3052		LOCATION: MARTE	
Complaint					Establishment Type: CCC/N	
Investigation						
Other:				PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		
No. of Children: 14 Male 24 Female 38 Total			Child Care License: No.: 10100 / <input checked="" type="checkbox"/> Valid / / Provisional / / Expired			

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

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Received By (Name & Title):

DEH Inspector (Name & Title): Jennifer Umagat